



South Dakota Board of Nursing
4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS, SD 57106-3115
(605) 362-2760 ♦ Fax: 362-2768 ♦ doh.sd.gov/boards/nursing

Certified Registered Nurse Anesthetist General Instructions for Licensure Application

Please follow instructions carefully to avoid delays in processing your application. If any of the information on your application is incorrect, incomplete or illegible, processing of the application may be delayed. You can expect that it will take 4 – 6 weeks before all forms are received by the Board office, upon receipt of all forms your application will be considered for approval. You will be notified in writing if additional information is required or that your application has been approved.

☐ Application and Fees

1. Complete general application Form 1 and return to South Dakota (SD) Board of Nursing (BON) office.
2. The fee for licensure is \$100 and must accompany application. Fee payment should be in the form of a money order or check payable to SD Board of Nursing. Fees are non-refundable. If a Temporary Permit is also desired, see Temporary Permit below.

☐ Registered Nurse License

1. You must have a current, valid, unencumbered SD RN license or temporary permit.
 - If not, complete RN Application for Licensure by Endorsement; www.doh.sd.gov/boards/nursing
2. Or – provide a copy of your current, valid, unencumbered compact RN license from your primary state of residence (where you hold a driver's license, pay taxes, and/or vote).
 - SD is a member of the Nurse Licensure Compact, for more information on the Nurse Licensure Compact see www.ncsbn.org.

☐ Criminal Background Check

1. Pursuant to SDCL 36-9A-9.1 each applicant for initial licensure is required to submit a full set of fingerprints with completed application to obtain a state and federal criminal background check.
2. To request your criminal background check packet please contact the South Dakota Board of Nursing at (605) 362-2760 or email Erin.Matthies@state.sd.us
3. The fingerprint cards you receive from the SDBON **must** be the cards you use for fingerprints, since specific agency data are pre-printed on them.
4. Contact your local law enforcement agency for fingerprinting.
5. Send to the SD Board of Nursing office your completed fingerprint cards and a separate check or money order payable to: South Dakota Division of Criminal Investigation (DCI).
6. Your application will not be processed and/or temporary license will **not** be issued until your completed application **and** fingerprint cards are received.
7. You will **not** receive a permanent license until the fingerprint results from the Federal Bureau of Investigation (FBI) are received by the Board, approximately 1-2 weeks.
8. Cards will be rejected if bent, folded, tampered with, stained, smeared, or stapled. If rejected, you will be notified to resubmit your cards.

☐ Request for Transcript Form

Submit a transcript from each applicable college, university, or program that you attended and completed course work at for your nurse practitioner role. The college that issued the degree must include the date the degree was conferred or awarded and the APRN role and population focus area you were prepared. You may choose to:

1. Complete the Transcript Request Form 2 and send to the Office of the Registrar. Contact the Registrar's Office to determine the appropriate fee to enclose for transcript/document service. The Registrar must send the official transcript(s) directly to the SD BON office. (Copies of transcripts are not accepted.) *Or*,
2. Complete the college's online transcript request process, have the transcript electronically sent directly to: Erin.Matthies@state.sd.us

☐ **Education Verification**

1. You complete the applicant section of the Education Verification Form 3; send a copy to each applicable college, university, or program from which you were awarded a graduate or post graduate certificate nursing degree.
2. The Dean/Director of the program, or designated official, completes remaining questions verifying education and accreditation status of the nursing program at the time of your attendance.
3. The Dean/Director of the program, or designated official, must return form to the SD BON office.

☐ **Certification Verification**

Primary source verification of successfully passing the nurse anesthetist exam offered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) and maintaining current certification with the NBCRNA is required for licensure and renewal in SD. Primary source verification of your certification status will be obtained by the Board online from the NBCRNA's website.

☐ **Temporary Permit**

To practice as a CRNA in SD you must possess a temporary permit or a license issued by the SD BON authorizing your practice. A temporary permit is required before you can begin orientation at your place of employment. A temporary permit is valid only for the period of time it has been issued and may not be renewed. Practice beyond the expiration date is a violation of law and may result in disciplinary action. The holder of a temporary permit to practice will use the designation of **CRNA app** after his/her name.

1. A temporary permit by examination is issued to an applicant waiting for results of the first exam they are eligible to take after completion of an approved education program. The temporary permit will be issued when the following is completed and received in the Board office:
 - a. General Application – Form 1 with \$100 fee.
 - b. Temporary Permit Application – Form 4 with \$25 fee.
 - c. Verification of current RN licensure.
 - d. Verification of education: Completed Form 3 or Transcript verifying degree was conferred;
 - e. Verification of examination eligibility: Notice from the NBCRNA of eligibility to sit for CRNA exam or that you are awaiting the results of first exam for which you are eligible after graduation.
 - f. Fingerprint cards (*see Criminal Background Check above*)
2. A temporary permit by endorsement is issued to an applicant who holds licensure as a CRNA in another state or territory and is awaiting licensure in SD. The permit becomes invalid *90 days* from issuance date. The temporary permit will be issued when the following is completed and received in the SD BON office:
 - a. General Application – Form 1 with \$100 fee.
 - b. Temporary Permit Application – Form 4 with \$25 fee.
 - c. Verification of current RN licensure.
 - d. Verification of current CRNA licensure.
 - e. Verification of current certification with NBCRNA. Primary source verification of your certification status will be obtained by the Board online from the NBCRNA's website.
 - f. Fingerprint cards (*see Criminal Background Check above*)



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Certified Registered Nurse Anesthetist General Application – Form 1

Please Print

Name: First _____ Middle _____ Last _____

Other names previously used: _____

Home Address: _____ City _____ State _____ Zip _____
Street/PO Box

Telephone: Home: () _____ Cell: () _____ Other: () _____

Email: _____

Date of Birth: _____ **Place of Birth:** _____

Social Security #: _____ **US Citizen:** ☐ Yes ☐ No **Gender:** ☐ Male ☐ Female

Ethnicity: ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black ☐ Caucasian ☐ Hispanic ☐ Other

1. Have you been licensed as a CRNA in another state? ☐ Yes (complete question 2)
☐ No (skip to question 3)

2. Advanced practice licensure history:

STATE	LICENSED AS	LICENSE #	DATE ISSUED	EXPIRATION DATE

3. Information regarding your RN and CRNA nursing education:

INSTITUTION NAME	LOCATION (CITY, STATE)	COMPLETION DATE	DEGREE RECEIVED: (i.e. diploma, AD, BS, MS, Post Certificate, DNP)

4. Primary source verification of passing NBCRNA's nurse anesthetist exam and maintaining current certification is required. The Board will verify your certification status on the NBCRNA's website. Provide your AANA/NBCRNA certification number: _____

If you are *not* currently certified, provide your status with obtaining certification:

- ☐ I have applied to sit for the exam but do not have a test date yet
☐ I am scheduled to sit for the exam on: ____/____/____
☐ I sat for the exam on ____/____/____, and I am awaiting results

Continues

5. Declaration of Primary State of Residence:

- I declare that my primary state of residence (where I hold a driver's license, pay taxes, and/or vote) is: _____ This is my "home state" under the Nurse Licensure Compact and is my declared fixed permanent and principal home for legal purposes.
- Provide RN License # in primary state of residence: _____

6. Are you employed by the federal government? ☐ Yes ☐ No
If yes, you are not affected by the Nurse Licensure Compact requirements regarding Primary State of Residence.

7. Disciplinary Information:

1.	Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or adjudication, suspended imposition of sentence with respect to a felony, misdemeanor, or petty offense, other than minor traffic violations? If YES, provide a signed and dated explanation. You must also submit copies of charges or citations and ALL communication with (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Is there any pending charge(s) against you with respect to a felony, misdemeanor, or petty offense other than minor traffic violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Has any nursing license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Have you ever had privileges revoked, reduced, or otherwise restricted at any hospital or other healthcare provider entity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Have you ever been subject to proceedings by a professional society to revoke, reduce, or restrict membership?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Have you ever been treated for abuse or misuse of any alcohol or chemical substance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	Have you ever experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Do you currently owe child support arrearages in the sum of \$1,000 or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
For 2-9 above, provide an explanation for each YES response on a separate piece of paper, with a complete description of dates and circumstances. You must also send ALL supporting applicable documents.			

I, the undersigned, declare and affirm under the penalties of perjury that this application for licensure in the state of South Dakota has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Applicant Signature

Date



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Certified Registered Nurse Anesthetist Transcript Request – Form 2

Applicant, please complete this form for each applicable college, university, or program that awarded you a graduate nursing degree or post graduate certificate which prepared you for your advanced nursing specialty role. Forward this form to the Office of the Registrar.

Please Print

1. Name: First _____ Middle _____ Last _____
2. Other names previously used: _____
3. Address: Street/PO Box _____ City _____ State _____ Zip _____
4. Date of Graduation: _____ Social Security #: _____

I am requesting an official transcript (must bear raised or color coded school seal and evidence of the degree conferred and date conferred) of my nursing education be attached to this request and forwarded to the South Dakota Board of Nursing for licensure purposes.

Applicant Signature

Date

REGISTRAR:

Please return this form with the official transcript and
send to the South Dakota Board of Nursing at the address above.



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Certified Registered Nurse Anesthetist Education Verification – Form 3

Applicant, complete items 1 – 6 on this form then forward to the Dean/Director for each nursing college, university, or program which prepared you for your nursing specialty role.

Please Print

1. Graduate Name: First _____ Middle _____ Last _____
2. Other names previously used: _____
3. Address: _____ City _____ State _____ Zip _____
Street/PO Box
4. Telephone: Home: () _____ Other: () _____ Email: _____
5. Date of Birth: _____ SS#: _____
6. Consent to *Release Information* to the South Dakota Board of Nursing:
 - I have applied to the South Dakota Board of Nursing for a license to practice. After I have completed all program requirements please complete this form and forward directly to the South Dakota Board of Nursing office for licensure purposes.

Applicant Signature _____

Date _____

Program Director: Send completed form to the South Dakota Board of Nursing at the address/fax number listed above or send scanned PDF document to: Erin.Matthies@state.sd.us

7. University/Institution Name _____ Location (City, State) _____
8. Program Graduation/Completion Date: _____
9. At the time the Applicant graduated, the graduate nursing program was accredited by:
 - ☐ Council on Accreditation of Nurse Anesthesia Educational Programs
 - ☐ Accreditation Commission for Education in Nursing (ACEN)
 - ☐ Commission on Collegiate Nursing Education (CCNE)
 - ☐ National League for Nursing Accrediting Commission (NLNAC)
 - ☐ Other: _____
10. Type of Program (check one):
☐ Certificate ☐ Master's Degree ☐ Post-Graduate Certificate ☐ DNP
11. Did the education program specifically prepare Applicant to function in the CRNA role? ☐ YES ☐ NO

Dean/Director Signature *or* Other Designated Official/Title _____

Date _____

Place
School
Seal Here

If School Seal is no longer available, use either Agency/Institutional Seal, or so indicate.



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Certified Registered Nurse Anesthetist Temporary Permit Application – Form 4

Please Print

1. Name: First _____ Middle _____ Last _____
2. Check type of temporary permit you are requesting:

I have applied to sit for the NBCRNA exam and am awaiting the results of my first exam that I am eligible to take after completing my CRNA education.

☐ I request a **temporary permit by examination;**

I hold a licensure as a CRNA in another state or territory and have applied for and am awaiting licensure in SD.

☐ I request a **temporary permit by endorsement.**

3. List information about each facility where you will be practicing on this temporary permit:

Name of Organization	Address (street address, city, state, zip)	Telephone Number(s)

The permit will be issued after all required forms, fees, and fingerprint cards are submitted to the Board; requirements are listed on the "General Instructions for Licensure Application", page 2.

The holder of a temporary permit to practice will use the designation of "CRNA app" after name.

I, the undersigned, declare and affirm under the penalties of perjury that this application for temporary permit in the state of South Dakota has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Applicant Signature

Date